Required by MDHHS on the IPOS training logs

1. Demographic section completed on every page

Person Served Demographics:	
Location of Training:	
Person Served Name:	**Primary Case Holder Name:**
MCCMH Case #:	**Primary Case Holder Agency:**
Plan Effective Date:	**Plan Expiration Date:**

2. What is being trained on
    - Check appropriate box (only one document per trained on per page)

Reason for Training *(Check **ONLY** one, per document trained on)*:
☐ Annual IPOS ☐ IPOS Amendment ☐ Period Review ☐ Crisis Plan ☐ Other _____

Section 1 (only completed by the Primary Case Holder)

3. Printed name & Signature of the staff being trained as the Trainer-the-Trainer. ***ALSO*** Printed name & Signature of the Primary Case Holder who is training the staff to be the Train-the-Trainer
    - Full name
    - Title and/or credentials
    - Dates MUST be the same

Section 1: Train the Trainer – Completed only by the Primary Case Holder			
Train the Trainer Staff Name & Signature	Training Date	Primary Case Holder Name, Signature & Credentials	Training Date

Section 2 (for training Aide level staff/DSP staff)

4. Printed name & Signature of Aide level staff/DSP being trained
    - Train-the-Trainer (or if Primary case holder) must print and sign with title and/or credentials next to staff being trained
    - Dates must be the same(printed name, signature, and date, along with the trainer's name and date).

Section 2: Aide Level Training	MCCMH Case #:		
Aide Level Staff/DSP Name & Signature	Training Date	"Train the Trainer" OR Primary Case Holder Name, Signature, Credentials (if applicable)	Training Date